

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000094257

**Entity Name:** MCA MULTISERVICES LLC

**Current Principal Place of Business:**

8058 CUMBERLAND GAP TRL  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8058 CUMBERLAND GAP TRL  
JACKSONVILLE, FL 32244 US

**FEI Number:** 83-4380360

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALIENDRES FIGUEROA, BILLY JOSE  
8058 CUMBERLAND GAP TRL  
JACKSONVILLE, FL 32244 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ALIENDRES FIGUEROA, BILLY JOSE  
Address        8058 CUMBERLAND GAP TRL  
City-State-Zip: JACKSONVILLE FL 32244

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BILLY JOSE ALIENDRES FIGUEROA

**MANAGER**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date